

## FF - Formula Feeding

### **FF-FS          FORMULA FEEDING SKILLS**

**OUTCOME:** The parents/family will understand the skills for successful formula feeding during a baby's first year.

**STANDARDS:**

1. Explain the importance of selecting an age appropriate nipple that is comfortable to baby's mouth to feed formula at a rate that the baby can manage.
2. Emphasize that the infant should be held at a proper angle during feeding and that bottles should never be propped.
3. Emphasize that choking may result from the baby being left unattended with a bottle propped.
4. Explain that the choice between plastic and glass bottles is up to parents. Glass is easy to clean dries quickly and holds temperature better than plastic.
5. Explain the types of formulas available that are best suitable for baby's needs. Most infants require iron fortified formulas for brain growth.
6. Explain that some manufactures say their formula is "closer to breastmilk." This only means that the protein, fat, and other ingredients are more like that in breastmilk, not that the other formulas have all the unique nutritional and beneficial qualities of breastmilk.
7. Explain that fussing, spitting up, pulling off the nipple, or baby not wanting to eat during or after feeding may not necessarily be a problem with formula intolerance.
8. Explain that frequent stomachaches or vomiting, cough, runny nose and wheezing, skin itching, and rash are examples of formula intolerance or allergy.
9. Explain that all commercial infant formulas are sufficient for the first year of life and that a change of formula is not necessary.
10. Explain that a formula fed baby does not need a fluoride supplement unless the water used to prepare formula has less than 0.3 ppm of fluoride.

### **FF-I          INFORMATION**

**OUTCOME:** The parents/family will have a basic understanding of the characteristics associated with formula feeding.

**STANDARDS:**

1. Explain that breastmilk has some characteristics that cannot be duplicated by even the most sophisticated formula; however, formula feeding is a good substitute.

2. Explain the higher risk of childhood obesity and type 2 diabetes for babies that are not breastfed.
3. Explain the higher risk of diarrhea, ear infections, constipation, dental carries, and lung infections for babies that are not breastfed.
4. Explain the higher risk of post partum hemorrhage and breast/ovarian cancer for mothers that do not breast-feed.
5. Explain that an infant under one year of age may be harmed by feeding goat's or cow's milk.
6. Emphasize that nothing should be fed to an infant from a bottle except breastmilk or formula unless advised by a healthcare professional.
7. Explain resources, such as WIC, for formula feeding and types.

**FF-L LITERATURE**

**OUTCOME:** The parent(s) and family will receive literature about formula feeding.

**STANDARDS:**

1. Provide the parent(s) and family with literature about formula feeding.
2. Discuss the content of the literature.

**FF-ME MATERNAL ENGORGEMENT**

**OUTCOME:** Parents/family will understand how to successfully transition through breast engorgement in postpartum period.

**STANDARDS:**

1. Explain that stimulation to breast, such as pumping or suckling will prolong engorgement beyond 48 hours.
2. Encourage the mother to use breast binder or snug bra until swelling goes away.
3. Explain the signs of breast infection, such as sudden fever/malaise and need for pursuing medical evaluation.
4. Explain the current treatments for engorgement.

**FF-MNT MEDICAL NUTRITION THERAPY**

**OUTCOME:** The patient and family will have an understanding of the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

**STANDARDS:**

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:

- a. Assessment of the nutrition related condition.
  - b. Identification of the patient's nutritional problem.
  - c. Identification of a specific nutrition intervention therapy plan.
  - d. Evaluation of the patient's nutritional care outcomes.
  - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
  3. Discuss the benefits of nutrition and exercise to health and well-being.
  4. Assist the patient/family in developing an appropriate nutrition care plan.
  5. Refer to other providers or community resources as needed.

**FF-N NUTRITION**

**OUTCOME:** The patient will understand the need for balanced nutrition and plan for the implementation of dietary modification if needed.

**STANDARDS:**

1. Review normal nutritional needs for optimal health.
2. Discuss current nutritional habits. Assist the patient in identifying unhealthy nutritional habits.
3. Discuss nutritional modifications as related to the specific disease state/condition.
4. Emphasize the importance of full participation to the prescribed nutritional plan.

**FF-NJ NEONATAL JAUNDICE**

**OBJECTIVE:** The family will understand the importance of monitoring for jaundice and the complications of unrecognized jaundice.

**STANDARDS:**

1. Explain that jaundice is the yellow color seen in the skin of many newborns which is caused by build up of bilirubin in the blood.
2. Explain that everyone's blood contains bilirubin, which is removed by the liver and that before birth, the mother's liver does this for the baby. Explain that many babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.
3. Explain that the yellow skin color caused by bilirubin usually appears first in the face then moves to the chest, abdomen, arms and legs as the bilirubin level increases. Explain that the whites of the eyes may also be yellow.
4. Explain that mild jaundice is harmless but high levels of bilirubin may cause brain damage.

5. Explain that this brain damage can be prevented by treatment of the jaundice before the bilirubin level gets too high. Discuss that treatment options may include medical phototherapy or exchange transfusion.
6. Emphasize that parents should watch closely for jaundice and seek medical attention if jaundice is noticed.
7. Explain that medical personnel can check the level of bilirubin in the blood by blood tests or occasionally by a skin test.
8. Explain that all bilirubin levels must be interpreted in light of the infant's age and that term infants and older infants can tolerate higher levels of bilirubin than preterm infants and younger infants.
9. Explain that jaundice is more common in breastfed infants especially when the infant is not nursing well. Encourage nursing the infant a minimum of 8–12 times a day for the first week of life to increase milk production and keep bilirubin levels down. Emphasize that breastmilk is the ideal food for infants.

**FF-S            SAFETY OUTCOMES**

**OUTCOME:** Parents/family will understand of preparing and storing formula.

**STANDARDS:**

1. Emphasize that the infant should be held at a proper angle during feeding and that bottles should never be propped.
2. Emphasize that choking may result from the baby being left unattended with a bottle propped.
3. Explain that bottle liners must be discarded after each use.
4. Explain that babies during the first three months of age have low resistance to bacteria and boiling water for five minutes before mixing formula may be necessary if the purity of water is in question. This also applies to purified or distilled water. **Refer to PB-TX.**
5. Explain that boiling bottles and nipples for five minutes, washing with hot, soapy water, and/or using a dishwasher before use is also recommended.
6. Explain that following manufactures instructions for mixing formula is extremely important and also using recommended measuring cups and spoons.
7. Explain that bottles should be prepared one at a time or in small batches, label, cover, refrigerate, and use within 48 hours. Discard any unused formula after each feeding and then wash the bottle immediately.
8. Explain that warming a formula bottle is best done under running tap water. Do not use a microwave oven to warm formula bottles.
9. Explain that bottle nipples should be discarded when they are old, soft, cracked, or discolored.

**FF-SF            INTRODUCTION TO SOLID FOODS**

**OUTCOME:** The parent/family will understand the appropriate ages to introduce various solid foods. (teach any or all of the following as appropriate to this infant/family)

**STANDARDS:**

2. Explain that infants should not routinely be fed foods other than breastmilk or formula prior to four months of age except under the advice of a healthcare provider.
3. Emphasize that, for some time after the introduction of solid foods, breastmilk/formula will still be the infant's primary source of nutrition.
4. Emphasize that foods should never be given from a bottle or infant feeder and must always be fed from a spoon.
5. Explain that infants may be fed cereal mixed with breastmilk or formula not sooner than four months of age. Rice cereal is generally the preferred first solid food. It is normal for an infant to take very small amounts of solid foods for several months. Discard any uneaten food after each meal.
6. Emphasize the need to wait 3–5 days between the addition of new foods to watch for adverse events from the foods.
7. Explain that pureed/or finely mashed vegetables and fruits should be started no earlier than six months of age.
8. Explain that some foods such as peanut butter, chocolate, eggs, strawberries, cow or goat milk, and citrus should not be fed until the infant is one year of age due to the highly allergenic nature of these foods. Explain that honey and syrups may contain botulism toxin and should not be fed before one year of age.
9. Explain that infants 14–16 months of age will have a decreased appetite and will become more picky eaters.
10. Emphasize that some foods are easy to choke on and should be avoided until four years of age, e.g., nuts, hard candies, gum, carrot sticks, meat on a bone, grapes, popcorn, hot dogs, unpeeled apples, slices of orange.
11. Discuss the importance of offering foods at the appropriate ages but do not insist that infants eat foods when they are not hungry:
  - a. Baby knows how much to eat
  - b. It is important to go along with the babies when they feel they have finished eating
  - c. Some days babies eat a lot other days not as much
  - d. No two babies eat the same
12. Explain how to assess readiness, an infant:
  - a. Who exhibits tongue thrusting is not ready to eat solids.

- b. Who will give you cues to readiness when they open their mouths when they see something coming
  - c. Who will close lips over a spoon
  - d. Who will keep food in their mouth instead of spitting it out
  - e. Who will sit up alone without support
13. Explain that the body of knowledge regarding infant feedings has changed dramatically and advice from family/friends may no longer be appropriate; talk to the healthcare provider.